

Medical Information and Emergency Authorization

Scout's Name: _____ Date of Birth: _____

Parent's Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ ZIP: _____

Attending with Troop/Pack/Den: _____ Scout Leader: _____

Brownie ____ Junior ____ Tiger ____ Wolf ____ Bear ____ Webelos ____

List all medical conditions or allergies (including food allergies) of your child:

List all medications that your child is currently taking:

Physician or Pediatric Group: _____ Phone #: _____

Preferred hospital (choice may be determined by responsible emergency personnel):

In case of emergency and a parent can not be reached, please list a friend or relative that would be available during camp-in hours.

Name: _____ Phone #: _____

In the event of an emergency, I authorize SciWorks to seek appropriate medical attention for my child, including the right to authorize medical treatment in my absence. I understand that I am financially responsible for all medical services.

Signature: _____ Date: _____